POLICY STATEMENT:

I. Based upon our criteria and the lack of the peer-reviewed literature, manipulation under anesthesia (MUA) for the treatment of chronic pain, and in the absence of vertebral fracture or dislocation or in the treatment and casting of progressive infantile scoliosis, has not been proven to be medically effective and is considered investigational when the following procedures are performed:
   A. Spinal manipulation with or without manipulation of other joints (e.g., hip joint) during the same session;
   B. Spinal manipulation under joint anesthesia (MUJA), and
   C. Spinal manipulation after epidural anesthesia and corticosteroid injection.

II. Based upon our criteria and the lack of the peer-reviewed literature, manipulation under anesthesia of spinal or other joints involving serial treatment sessions has not been proven to be medically effective, and is considered investigational.

III. Based upon our criteria and the lack of the peer-reviewed literature, manipulation under anesthesia involving multiple body joints has not been proven to be medically effective, and is considered investigational for treatment of chronic pain.

This policy does not refer to manipulation under anesthesia for adhesive capsulitis/frozen shoulder or arthrofibrosis of the knee. Refer to nationally recognized InterQual standards for manipulation under anesthesia for adhesive capsulitis.

Refer to Corporate Medical Policy #10.01.02 regarding Chiropractic Care.

Refer to Corporate Medical Policy #11.01.03 regarding Experimental and Investigational Services.

POLICY GUIDELINES:

The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION:

MUA consists of a series of mobilization, stretching, and traction procedures performed while the patient receives anesthesia (usually general anesthesia or moderate sedation) and is intended to break up fibrous and scar tissue to relieve pain and improve range of motion. Anesthesia or sedation is used to reduce pain, spasm, and reflex muscle guarding that may interfere with the delivery of therapies and to allow the practitioner to break up joint and soft-tissue adhesions with less force than would be required to overcome patient resistance or apprehension.

MUA has been proposed as a treatment modality for acute and chronic pain conditions, particularly of the spinal region, when standard care, including manipulation, and other conservative measures have been unsuccessful.

In spinal MUA, a low velocity/high amplitude technique may be used in contrast to the high velocity/low amplitude technique that is used in the typical spinal adjustment. A single session or multiple sessions of MUA may be followed by a series of outpatient sessions. In some instances the MUA may be accompanied by corticosteroid injections.

MUA is performed by chiropractors, physical therapists, physicians, or other health care providers who are licensed to perform the services. MUA is generally performed with an anesthesiologist in attendance.
RATIONALE:
Scientific evidence regarding spinal manipulation under anesthesia, spinal manipulation with joint anesthesia, and spinal manipulation after epidural anesthesia and corticosteroid injection is limited to observational case series and nonrandomized comparative studies. Evidence regarding the efficacy of MUA over several sessions or for multiple joints is also lacking. Evidence is insufficient to determine whether MUA improves health outcomes; thus, it is considered investigational.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

CPT: 00640 (E/I) Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine

22505 (E/I) Manipulation of spine requiring anesthesia, any region

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HCPCS: No code(s)

ICD9: Several

ICD10: Several

REFERENCES:
Previously titled Spinal Manipulation under Anesthesia.


Based on our review, manipulation under anesthesia is not addressed in National or Local Medicare coverage determinations or policies.